

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 17058	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of <u>Boyers Cove</u>		State Board of Health			
Inc. Town of <u>Clayton</u>		Registration District No. <u>10A</u>	Registered No. <u>148</u>	(For use of Local Registrar)	
City of <u>Clayton</u>		(No. <u>City Hospital</u> )		(Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Charles Crawford Sutz</u> child is not yet named, make supplemental report as directed					
(3) SEX OR SEXES <u>Boy</u>	(4) TYPE OF BIRTH <u>Single</u>	(5) NUMBER OF CHILDREN OF THIS MOTHER <u>one</u>	(6) AGE OF MOTHER <u>25</u>	(7) DATE OF BIRTH <u>June 18, 1925</u>	(8) TIME OF BIRTH <u>10:30</u>
FATHER			MOTHER		
(9) FULL NAME <u>Charles Theodor Sutz</u>	(10) NAME BEFORE MARRIAGE <u>Elizabeth Ratcliff</u>	(11) PRESENT POSTOFFICE OF FATHER <u>Coffey SC</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Edgemoor SC</u>	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>32</u>
(15) BIRTHPLACE <u>Hogsdale Pa</u>	(16) BIRTHPLACE <u>Charlotte NC</u>	(17) OCCUPATION <u>clerk in dry goods store Donnyester</u>	(18) OCCUPATION <u>Domestic</u>	(19) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN <u>one</u>	(20) NUMBER OF CHILDREN OF THIS MOTHER, INCLUDING PRESENT BORN <u>None</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(21) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6:50</u> A. M. on the date above stated. (Mark alive or stillborn) (Mark A. M. or P. M.)					
(22) (Signature) <u>[Signature]</u>		(23) State whether Physician or Midwife		(24) Address of Physician or Midwife	
Given name added from a supplemental report		(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)			
19 <u>25</u> Registrar		(27) Filed <u>7/10</u> 19 <u>25</u> (28) <u>J. S. Smith</u> Local Registrar			

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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